Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calend	dar year, or tax year beginning , and ending					<u></u>		
В	Check if a	applicable	C Name of organization				D Employer identification number			
	Address c	hange	NEXTGEN PAC							
	Name cha	ange	c/o Nick Ryan					27-0823074		
	Initial retu	irn	Number and street (or P O box, if mail is not delivered to street address) Room/suite				E Telephone number			
X	Terminate	ed	400 Locust Street		330	515-282-3000				
	Amended	return	City or town, state or country, and ZIP + 4			F Group Exemption				
	Applicatio	n pending	Des Moines IA 50309			-	Numb			
G		iting Method	X Cash		H Check ▶		•	organization is not		
ı	Websit	te: 🕨 <u>ne</u>	tgenpac.com					Schedule B		
<u>J</u>	Tax-exe		heck only one) — 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) o					., or 990-PF)		
K	Check l		e organization is not a section 509(a)(3) supporting organization or a secti							
			000 A Form 990-EZ or Form 990 return is not required though Form 990-1	N (e-post	card) may be re	quire	ed (se	e instructions) But if		
			oses to file a return, be sure to file a complete return							
L			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total ass	sets (Part II,					
		column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				<u>▶ \$</u>			
F	art I		ue, Expenses, and Changes in Net Assets or Fund Bala			ctior	is for	Part I)	\Box	
			if the organization used Schedule O to respond to any question in	this Pa	irt i		т		<u>L</u>	
	1		gifts, grants, and similar amounts received			-	1			
	2	-	rvice revenue including government fees and contracts			}	2			
	3	•	dues and assessments			-	3			
	4	Investment		ŀ		-	4			
	5a		int from sale of assets other than inventory 5a	··· 1		\dashv				
	b	· · · · · · · · · · · · · · · · · · ·								
	C		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
) }	6	_	I fundraising events	-						
Revenue	а		ne from gaming (attach Schedule G if greater than	. 1		Ì		7		
) se	1 .	\$15,000)	6a			\dashv		160		
ď	b	b Gross income from fundraising-events (not including \$						No . actually		
		li li	ising events reported on line 1) (attach Schedule G if the	. 1			ŀ			
i	_		(90)			-				
) }	C	Less direct	expenses from gaming and fundrations events	raising events 6c and 6b and subtract						
,	a	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					6d			
,	7.	line 6c)	of inventory, Jess returns and allowances	. 1		ŀ				
,	7a b	Less cost	of goods sold							
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u>- 1 </u>			7c			
	8	•	revenue (describe in Schedule O)				8			
	9		otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9		0	
	10						10			
	11		Benefits paid to or for members							
"	40		Salaries, other compensation, and employee benefits							
a c	13		Professional fees and other payments to independent contractors							
Expenses	14						14			
Ä	15						15			
	16						16			
	17					•	17		0	
_	18		deficit) for the year (Subtract line 17 from line 9)		· · · · · · · · · · · · · · · · · · ·		18			
4	19		or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with						
Net Assets	<u> </u>	end-of-year figure reported on prior year's return)					19		3	
	20						20			
	21		Net assets or fund balances at end of year Combine lines 18 through 20						3	

Form 990-EZ (2014) NEXTGEN PAC	27	-0823074					Page 2
Part II Balance Sheets. (see the instructions for Part II.)							
Check if the organization used Schedule O to respond to any	y question in this	Part II					
		(A) Beginning of ye	ar		(B)	End of year	
22 Cash, savings, and investments			3	22			3
23 Land and buildings			0				
24 Other assets (describe in Schedule O)			0				
25 Total assets			3				3
26 Total liabilities (describe in Schedule O)			0				0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			3	+			3
Part III Statement of Program Service Accomplishments (s	ee the instruction	ns for Part III.)			Ex	penses	
Check if the organization used Schedule O to respond to an		•	X	l (R		for section	
What is the organization's primary exempt purpose?	2_1-1			7 ·	•	and 501(c)(
See Schedule O						ons and se	
Describe the organization's program service accomplishments for each of its three la	argest program ser	vices.		1	_	trusts, opt	
as measured by expenses. In a clear and concise manner, describe the services pro		-		1 .	r others		
persons benefited, and other relevant information for each program title	,			, ,,,	0111013	,	
28 Influencing or attempting to influence the selection, nom:	ination, elect	ion			<u> </u>		
or appointment of any individual to a federal, state or lo		2011,					
Office in a political organization.					1		
(Grants \$) If this amount includes foreign grants, ch	eck here	•		28a	1		
29	<u> </u>				·		
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					ł		
(Grants \$) If this amount includes foreign grants, ch	eck here		\Box	29a			
30	COR HEIE			234			
30					ĺ		
				,			
(Grants \$) If this amount includes foreign grants, ch	eck here		\Box	30a			
(Grants \$) If this amount includes foreign grants, ch 31 Other program services (describe in Schedule O)	COK HEIE			Jua			
(Grants \$) If this amount includes foreign grants, ch	ack hara	_		31a			
32 Total program service expenses (add lines 28a through 31a)	CONTICIO			32			
Part IV List of Officers, Directors, Trustees, and Key Employees. List ea	ach one even if not	compensated (s	see th		uctions f	or Part IV)	
Check if the organization used Schedule O to respond to any questi							
(a) Name and address	(b) Title and average hours per week	(c) Reportable compensation	bontr	 Heath to butions to 	enefits, o employee	(e) Estimated a	amount of
(a) Haine and bourses	devoted to position	(Forms W-2/1099-MIS (If not paid, enter -0	C) b	enefit plai	ns, and pensation	other compe	
Nick Ryan Des Moines	Director	(ii iiot paid; ciiioi	7 33.1		poriodadii		
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27-0823074 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 X detailed description of each activity in Schedule O 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the X change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, X reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets X during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were X any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter 39a a Initiation fees and capital contributions included on line 9 39b **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under , section 4912 ▶ ______ ; section 4955 ▶ section 4911 ► b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ None 515-282-3000 42a The organization's books are in care of ▶ Nick Ryan Telephone no 400 Locust Street Suite 330 50309 Located at > Des Moines ΙA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No Х a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х At any time during the calendar year, did the organization maintain an office outside of the US? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X completed instead of Form 990-EZ 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be X completed instead of Form 990-EZ X Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O Х 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (see instructions)

orm	990-EZ	(2011) NEXIGEN PAC		4 /	-08230/4			Page 4
							Y	es No
16	Did the	organization engage, directly or indirectly, in political ca	ampaign activities	on behalf of or i	n opposition			
		didates for public office? If "Yes," complete Schedule C,	Part I				46	X_
Par	t VI	Section 501(c)(3) organizations and sec 501(c)(3) organizations and section 4947(a)(1)	tion 494/(a)(1) nonexemp	ot charitable tr	USIS ONIY. All se etione 47-49h	ction	
		and 52, and complete the tables for lines 50 ar		antable tracts i	nast answer que	3110113 47 405		
		Check if the organization used Schedule O to r		question in this	Part VI			
47	Did the	organization engage in lobbying activities or have a sec	ction 501/h) elect	ion in effect durir	on the tay		Ye	es No
		•	Stion 30 (ii) elect	ion in enect dam	ig the tax		47	
	•	ear? if "Yes," complete Schedule C, Part II the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
			ganization make any transfers to an exempt non-charitable related organization?					_
		" was the related organization a section 527 organization	_	,a.m.zatiom.		Ì	49a 49b	
		ete this table for the organization's five highest compens		(other than office	ers, directors, truste	es and kev		
		yees) who each received more than \$100,000 of comper						
		<u> </u>		(b) Title and average	(c) Reportable	(d) Health benefits,	(a) Estimal	ted amount o
		(a) Name and address of each employee paid more than \$100,000	1	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	l'	mpensation
				devoted to position	(1 01113 44-21 1003-141100)	compensation	ļ	
				 			<u> </u>	
							 	
							 	
	Total	number of other employees paid over \$100,000		>	l,	<u> </u>	<u> </u>	
f ra		lete this table for the organization's five highest compens	atod independer	· -	o each received m	- ore than		
51	\$100.0	1000 of compensation from the organization. If there is no	ne, enter "None "	Contractors wit	o cacil received in	ore man		
		Name and address of each independent contractor paid more than \$100,			ype of service	(c) Coi	mpensalion	
			· · · · · · · · · · · · · · · · · · ·	1				
-								
d		number of other independent contractors each receiving		>				
52		e organization complete Schedule A? Note All section 5		ations and 4947(a)(1)		ı r	_
		empt charitable trusts must attach a completed Schedul	_			>	Yes	No
Unde	r penaltı	es of perjury, I declare that I have examined this return, includir and complete Declaration of preparer (other than officer) is bas	ng accompanying s	chedules and state	ments, and to the be	st of my knowledge ar	nd belief, i	t is
true, c	correct, a	and complete Declaration of preparer (other than officer) is base	Sed on an information	on or which prepare	i nas any knowledge			
Sigr	,	1 Jun 2 gr				3-2012		
	1	Signature of offices	n 1	Director	1 (1)			
Here	•	Type or print name and title		1	- Chair			
	-		arer's signature		Date	.	PTIN	
Do:-			<i>h</i>	0 11-	/	Check X if		1746
Paic	-		ab CDA	1. Kolani		13/12 self-employed	-121	
•	oarer Only	Firm's name Deborah A. Kolari	ch, CPA			Firm's EIN ▶ 62	-121	<u>0 4 7 4 </u>
USE	Office	Firm's address > 2908 Poston Ave Nashville, TN 37	203			Db 615_	320-	7888
N/a	the ID	S discuss this return with the preparer shown above? Se		 			X Yes	
iviay	the IRS	o discuss this return with the preparer shown above? Se	.c manucuona					-EZ (2011

Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: September 17, 2012

Taxpayer Identification Number:

27-0823074 Tax Form: 990

Tax Period: December 31, 2011



NEXTGEN PAC % SANDY GREINER 400 LOCUST ST STE 330 DES MOINES IA 50309-2450

088646.108309.0324.007 1 AB 0.374 373

գիկին Ալինի հիրմինի անկանում իրանականում և հետև անգիրականին հետև հետև անկանում և հետև անկանում և հետև հետև հետ

088646

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2012.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011 Open to Public

OMB No 1545-0047

Name of the organization

NEXTGEN PAC c/o Nick Ryan

Employer identification number 27 - 0823074

Form 990-EZ, Part III - Primary Exempt Purpose

Influencing or attempting to influence the selection, nomination, election, or appointment of any individual to a federal, state or local office, or office in a political organization.

** If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chack the box Note. Only complete Part II if you was related been greated an automatic 3-month extension on a previously filed Form 8863 ** If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). **Part II .** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not copies needed). **Proper of Next GRN PAC ** If you are filing for an Automatic 3-Month Extension of Time. Only file the original (not copies needed). ** Enter filer's Identifying number, see instructions.** ** Name of exempt organization or other filer, see instructions.** ** Name of exempt organization or other filer, see instructions.** ** Name of exempt organization or other filer, see instructions.** ** ADDITIONAL STATE OF THE INTERPRETATION OF THE INTERPRETATI	Form 8868 (F	Rev. 1-2012)					Page 2
Note, Only complete Part II If you have already been granted an automatic 3-month extension on a previously filed form 8888 Figure are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed).			nth Extension, co	omplete only Part II and check this b	ox		
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions. NEXYGEN PAC C/O Nick Ryan Number, street, and room or sute no If a P.O box, see instructions. New or several organization or other filer, see mstructions. New York Ryan Number, street, and room or sute no If a P.O box, see instructions. October Street Cry, town or post office, state, and ZIP code For a foreign address, see instructions. October Street Cry, town or post office, state, and ZIP code For a foreign address, see instructions. Des Modines Application Series Return Series Code Is For Code Series Series Code Series Code Series Code Series Series Code Series Series Code Series Series Code Series Code Series Series Code Series Series Code Series Series Code Series	Note. Only co	omplete Part II if you have already been granted	l an automatic 3-m	onth extension on a previously filed I	Form 8868		
Name of exempt organization or other filer, see instructions. Embryory identification number (ER) or Or Nict (C) Nick Ryan X 27 - 0823074	 If you are 	e filing for an Automatic 3-Month Extension, c	omplete only Par	t I (on page 1).			
Name of exempt organization or other filer, see instructions. Embryory identification number (ER) or Or Nict (C) Nick Ryan X 27 - 0823074	Part II	Additional (Not Automatic) 3-Mon	th Extension	of Time. Only file the original	(no copie	s needed).	
Supplementary Name of exempt organization or other filer, see instructions. Employer identification number (EN) or C/O Nick Ryan R27-0823074			•				ee instructions
NEXTGEN PAC	Type or	Name of exempt organization or other filer, s	ee instructions.				
Colon Nick Ryan Nick Rya	print	NEXTGEN PAC			,	,	(
Number, street, and room or suite no. If a PO. box, see instructions. A 4 United and the result of the return that this application is for file a separate application for each return) In a 50309 Ta 5030	•	c/o Nick Ryan			X 27	-082307	4
400 Locust Street 330	File by the		O box see instru	ctions			
Des Moines IA 50309 Enter the Return code for the return that this application is for (file a separate application for each return) O1 Application Return Application Separate Applicati						scounty number	(0014)
Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Sport	return See		For a foreign add				
Application Return Return	instructions						
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Application Return Code SFor Code SFor Code SFor Code SFor Code SFor SFor Code SFor	Enter the De	turn and for the return that this annivers is fo	. /5l				
S For Code Is For Code Is For Code Form 990 Form 990 Code Form 990	Enter the Re	turn code for the return that this application is to	r (file a separate a	epplication for each return)			[01
S For Code Is For Code Is For Code Is For Code Is Form 990 Code Form 990 Form 9				·		·	
Form 990		n					Return
Form 990-BL Form 990-EZ			Code	Is For			Code
Form 990-EZ Form 990-PF	Form 990		01		************		
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 6069 111 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Nick Ryan 400 Locust Street Suite 330 1A 50309 Telephone No	Form 990-l	BL	02	Form 1041-A			08
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Nick Ryan 400 Locust Street Suite 330 The books are in the care of Des Moines Telephone No Des	Form 990-l	EZ	01	Form 4720		-	09
Form 990-T (trust other than above) O6 Form 8069 Form 8070 To prom 990-T (trust other than above) Nick Ryan 400 Locust Street Suite 330 • The books are in the care of ▶ Des Moines Telephone No ▶ 515-282-3000 • If the organization does not have an office or place of business in the United States, check this box • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If the size of a group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN) • If the size of a group Return, enter the organization's four digit Group Exemption Number (GEN) • If the size of a group Return, enter the organization's four digit Group Exemption Number (GEN) • If the size of a group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a an additional 3-month extension of time until 11/15/12 • For calendar year 2011, or other tax year beginning • If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period • State in detail why you need the extension Additional time is needed to gather information with which to prepare a complete and accurate tax return. 8a if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any pror year overpayment allowed as a credit and any amount paid previously with Form 8868 • Balance due, Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions • Signature and Verification must be completed for Part II only. Under penalties of perjury, I dec	Form 990-	PF	04	Form 5227			10
STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Nick Ryan 400 Locust Street Suite 330 The books are in the care of ▶ Des Moines Telephone No ▶ 515-282-3000 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the sis of the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is an additional 3-month extension of time until 11/15/12 For calendar year 2011, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason in Initial return Final return Change in accounting period State in detail why you need the extension Additional time is needed to gather information with which to prepare a complete and accurate tax return. Ba If this application is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalities of penury, I	Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069			
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Form 8868 (Rev 1-2012)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

(Rev January 2012) Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

V

•	filing for an Additional (Not Automatic) 3-Month Ex lete Part II unless you have already been granted an	-		•		
Electronic fil	ing (e-file). You can electronically file Form 8868 if yo	ou need a 3-	month automatic extension of time to f	ile (6 months for		
	required to file Form 990-T), or an additional (not auto			•		
•	est an extension of time to file any of the forms listed i			•		
•	insfers Associated With Certain Personal Benefit Con		•			
	For more details on the electronic filing of this form, v		• •	•		
Part I	Automatic 3-Month Extension of Time					
	required to file Form 990-T and requesting an automi					
Part I only					▶ □	
•	orations (including 1120-C filers), partnerships, REMI	Cs, and trust	ts must use Form 7004 to request an e	extension of time	٠ ـ	
to file income	•	•	·			
			Enter filer's	s identifying number, see i	nstructions	
Type or	Name of exempt organization or other filer, see ins	tructions		Employer identification number (EIN) or		
print	NEXTGEN PAC			amprojer restancement turnes (2117) or		
File by the	c/o Nick Ryan			X 27-0823074		
due date for	Number, street, and room or suite no. If a P.O. box	see instruc	ctions	Social security number (SSN	······································	
filing your return See	400 Locust Street		330		•	
instructions	City, town or post office, state, and ZIP code For a	foreign add	lress, see instructions.			
	Des Moines IA	50309)			
Enter the Ret	urn code for the return that this application is for (file a	a separate a	pplication for each return)		01	
Application	1	Return	Application		Return	
<u>Is For</u>		Code	is For		Code	
Form 990		01	Form 990-T (corporation)		07	
Form 990-E		02	Form 1041-A		08	
Form 990-E		01	Form 4720		09	
Form 990-F		04	Form 5227		10	
	(sec 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-1	(trust other than above)	06	Form 8870		12	
	Nick Ryan	:+- 220				
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• The books	are in the care of ▶ Des Moines			IA 503	09	
Tolombon	e No ▶ 515-282-3000	FAX No	. •			
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	group, check this box		· · · · · · · · · · · · · · · · · · ·			
	names and EINs of all members the extension is for	the group, t	and atta	CII		
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•	08/15/12 , to file the exempt organization retu		· ·	n (e		
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	(Electronic Federal Tax Payment System) See instr			3c \$		
	ou are going to make an electronic fund withdrawal wi		8868, see Form 8453-EO and Form 8	 	ons	
Fan Dairean	Ask and Demonstrate Deduction Ask Nation and Inch	ructions		S 996		